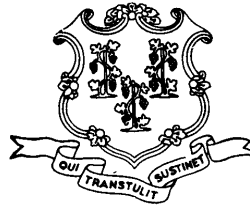


STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION
 TRADE PRACTICES DIVISION
 Telephone: (860) 713-6100
 Web site: www.ct.gov/dcp



For Official Use Only

APPLICATION FOR MOBILE MANUFACTURER HOME SELLER'S LICENSE

All spaces must be completed – please print in ink or type. This application **must be accompanied by a check or money order for \$375.00**, made payable to “**Treasurer, State of Connecticut.**” Application fees are non-refundable. All licenses expire annually on December 31st.

➔ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Indicate Organizational Structure:

☐ Sole Proprietorship ☐ Corporation ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Company

Applicant's Name (First Name, Middle Initial, Last Name)

Street Address	City or Town	State	Zip Code
Telephone Number (with area code)	Social Security or FEIN Number	CT Sales Tax Registration Number	
Business Name (if applicable)			
Business Street Address	City or Town	State	Zip Code

For Corporation, Partnership, LLC or LLP – List below the names, residence addresses and title of all officers, partners or

Name	Address	Title
Name	Address	Title
Name	Address	Title

Has the applicant or any of the corporate officers ever been convicted of a felony crime? ☐ Yes ☐ No

If YES, please attach a statement providing the date(s) and conviction(s), the court(s) where the cases were decided and a description of the circumstances relating to each conviction(s)

List all manufacturers of Mobile Manufactured Homes you currently sell for (attach additional sheets if necessary)

Name	Address
Name	Address

List all manufacturers of Mobile Manufactured Homes you have sold for in the past year (attach additional sheets if necessary)

Name	Address
Name	Address

I, the applicant or duly authorized member of the partnership or officer of the corporation on behalf of which the above application is made, being duly sworn according to law depose and say the answers above set forth are true to the best on my knowledge and belief and that this application is made for the purpose of inducing the issuance of the license requested.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____ 20_____

Notary Public

My Commission Expires